ILLINOIS HOSPITAL ASSOCIATION

APPLICATION FOR FUNDING:

FEDERAL COMMUNICATIONS COMMISSION

RURAL HEALTH CARE PILOT PROGRAM

WC DOCKET No. 02-60

May 7, 2007

May 7, 2007

Ms. Marlene Dortch
Commission Secretary
Office of the Secretary
Federal Communications Commission
Washington, D. C.

Communication Transmitted Electronically Through ECFS at
http://www.fcc.gov/gcb/ecfs/

SUBJECT: Rural Health Care Support Mechanism, WC Docket No. 02-60

Dear Ms. Dortch,

The Illinois Hospital Association (IHA) thanks you for the opportunity to submit a
grant proposal developed and in partnership with rural health care providers
throughout Illinois.

The IHA proposal reflects a strategic direction for support and sustainability of
health information exchanges among Illinois rural health partners and
communities. All partners were actively engaged in assessing current capabilities
and developing targeted, collaborative strategies that would provide value to our
rural communities. IHA and its partners are prepared to implement the proposal
immediately upon receiving approval from the Federal Communications
Commission as we have resolved many issues through our assessment and planning
phases.

If awarded this pilot program grant, many rural Illinois communities will be well
served by advancing telehealth, telemedicine, and health information exchanges to
benefit the patients and residents of our rural communities. By having increased
health information technology and advanced communications, our rural providers
will be able to take advantage of ongoing and timely educational programs as well
as work toward increasing efficiency and effectiveness of health information
exchanges.

If you have additional questions, please contact IHA directly through the contact information provided below and in the proposal.

Thank you for your kind consideration to advance health care delivery and communication to our rural health care providers and communities throughout Illinois.

Sincerely,

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Federal Communications Commission Rural Health Care Pilot Program

Executive Summary

The Illinois Hospital Association requests funding through the Federal
Communications Commission Rural Health Care Pilot Program to support a
centrally coordinated effort to enhance the collaboration of hospitals, health care
providers, and health professional education institutions in the telehealth and
health information technology arena.

The goal of the proposed project is to "Promote the expanded use of broadband
telecommunications and other health information technologies to ensure Illinois'

rural residents can access needed health care services locally and to support rural hospitals' and health care providers' ability to provide the highest quality health care and to participate in continuous clinical, educational and research updates."

Illinois is fortunate to have a statewide telecommunications backbone, the Illinois Century Network that provides high-speed access to data, video, and audio communications. It offers state-of-the-art technology to improve the quality, reliability, usability and access to a high-speed information artery. Qualified users, including health care providers, have access to Internet2. Illinois has eight medical schools with 12 campuses and dozens of hospitals participating in research and graduate medical education. Their ability to link to Internet2 and participate in nationwide research will benefit the quality of the research and the quality of care available for Illinois residents. Its IP video service supports H.323 video connections and reasonably priced Quality of Service is available for users with critical applications such as selected telemedicine applications.

With a statewide broadband network already in place, the Illinois Hospital Association and its partners in this application seek funding to build on the telehealth capacity that has been developing in the state. Many rural hospitals have Internet-based video and the two state university medical schools have developed telehealth-based distance learning and service offerings. Several health systems seek funding to support planning of connectivity pilot projects, the results of which will inform future decisions not only for those systems but others throughout the state. While much telehealth development has occurred at individual hospitals and within several academic institutions, what has been missing is the central coordination that can leverage the unique assets of every technology partner to most effectively capitalize on the benefits of telehealth and other health information technologies to improve access, safety and outcomes of health care for all Illinoisans.

ILLINOIS HOSPITAL ASSOCIATION
APPLICATION FOR FUNDING:
FEDERAL COMMUNCIATIONS COMMISSION
RURAL HEALTH CARE PILOT PROGRAM

APPLICANT ORGANIZATION

The applicant for the FCC Rural Health Care Pilot Program is the Illinois Hospital
Association. The IHA represents approximately 200 hospitals and health systems
and the patients and communities they serve throughout Illinois. IHA's members
range from the teaching hospitals that train tomorrow's health care professionals,
to community hospitals that transform advances in medicine and technology into
better lives for patients, to rural facilities that bring high-quality patient care to the
less populated regions of our state, to specialty institutions that care for patients in
need of behavioral health, long-term care, or rehabilitation services.

Since IHA was formed in 1923, its mission has been to strengthen and unite
hospitals and make high-quality, affordable health care available to all Illinoisans.
To make this possible, the association works to ensure that adequate resources are
available for the state's health care delivery system. The IHA mission statement is
"*To advocate for and support hospitals and health systems as they serve their
patients and communities.*"

The Illinois Hospital Research and Educational Foundation (IHREF) is a not-for-
profit entity that houses IHA's education programs and grant-supported programs,
such as the Illinois Health Network, a pilot program that provides a Web-based
solution for the secure exchange of information, including protected health
information.

IHA operations are directed by its president and a 29-member Board of Trustees.
Constituency sections provide members with opportunities to participate in the
association's policy development process. Of particular interest to this proposal is
the Small and Rural Hospital Constituency Section that includes hospitals that
either have fewer than 150 acute care beds and/or are located outside a
metropolitan statistical area. There are 87 hospitals represented in the
constituency section, guided by a steering committee of 23 leaders who advise IHA
staff on policy issues, advocacy positions, member service strategies, and emerging
trends.

In early 2006, IHA convened a Regional Health Information Organization (RHIO)
Task Force to seek additional member input related to expanded use of health
information technologies and the national discussions associated with development
of a National Health Information Network. The task force is deliberating future

directions for Illinois hospitals related to these issues and has developed guiding principles for hospital staff use when considering development of or participation in regional health information organizations. The task force also will serve as a deliberative resource to offer recommendations to the IHA Board of Directors regarding future IHA involvement in statewide health information networks and exchanges.

Project Partners

IHA project partners will include the University of Illinois College of Medicine at Rockford; the telehealth/telemedicine program at Southern Illinois University School of Medicine; a regional collaboration between Springfield's Memorial Medical Center and Abraham Lincoln Memorial Hospital in Lincoln; Southern Illinois Healthcare; the Illinois Critical Access Hospital Network; and the Illinois Century Network.

University of Illinois College of Medicine at Rockford accepted its first students in 1972 as a regional medical program of the university. In addition to medicine, the college also has programs in pharmacy, nursing, and master of public health. The college's Rural Medical Education Program is a nationally recognized model that recruits students from rural communities and prepares them for future rural practice opportunities. The Rural Medical Education Program partners with 25 rural hospitals throughout the state that serve as training sites for fourth year medical students. (See list of collaborating hospitals on page 27.) The college received National Institutes of Health funding to develop the National Center for Rural Health Professions and also is a United Nations World Health Organization Collaborating Center in Educational Development of Health Professionals and Health Care Systems. Additionally, the National Center for Rural Health Professions has developed a rural community-based interdisciplinary training initiative that offers students in medicine, nursing, dentistry, public health, pharmacy and social work an opportunity to complete a six-week educational experience in a rural health care facility.

Southern Illinois University School of Medicine was established in 1970 to help the people of central and southern Illinois meet their health care needs through education, research and service. The school now is recognized for its innovative teaching and testing techniques based on a competency-based curriculum. First year students start on the Carbondale campus of Southern Illinois University, located 170 miles south of the Springfield medical school campus. Years two through four are completed in Springfield, the state capital of Illinois. The school's faculty travel to more than 80 outreach sites in more than 50 different communities. Approximately 780 downstate physicians serve as volunteer and part-time faculty for the medical school. The School of Medicine received a grant from the federal

Office for the Advancement of Telemedicine and developed the Telehealth Networks and Programs unit that provides educational services and support for telemedicine services linking the school's resources with local providers, facilities and patients.

Memorial Health System/Abraham Lincoln Memorial Hospital are partners in a project to create a dark fiber link between the system's datacenter and Abraham Lincoln Memorial Hospital to better support the telehealth activities and patient information exchange.

Southern Illinois Healthcare is a three-hospital network in southern Illinois and also a participant in a 20-county initiative in southern Illinois, Connect Southern Illinois, that involves hospitals and health care providers as well as all other economic and social sectors in the region. Southern Illinois Healthcare plans to evaluate the potential for its electronic patient identification system and record locator service to be used by all healthcare providers in the region and, based on the evaluation outcome, design an implementation process for the region. There are 17 hospitals, including the three hospitals of the Southern Illinois Healthcare network, within the 20-county region.

Illinois Critical Access Hospital Network is a not-for-profit organization developed to help its members share resources, educational programming, promote operational efficiencies, and improve health care services offered to the rural communities they serve. The network strives to strengthen the capacity and viability of its members and rural health partners. Critical access hospitals are the smallest of the rural hospitals and have received a special designation from Medicare. In Illinois, 50 rural hospitals have received the critical access hospital designation. Of those 50, 36 currently have H.323 video-conferencing capabilities. Forty-nine of the 50 critical access hospitals also are members of the Illinois Hospital Association and receive services and advocacy to support the hospitals.

Illinois Century Network is a telecommunications backbone providing high-speed access to data, video, and audio communication in schools and libraries, at colleges and universities, to public libraries and museums, for local government and state agencies, and since 2000, to not-for-profit hospitals and other health care providers. The Illinois Century Network was legislatively mandated in 1999 and incorporated multiple state networks including the Illinois Higher Education Video Network, the Illinois State Board of Education's Internet initiative, the Illinois State Library's efforts, the Illinois Department of Central Management Services network, and the K-12 LincOn network. It now serves approximately 8,000 constituents, offering state-of-the-art technology to improve the quality, reliability, usability and access to a high-speed information artery providing direct links to institutions, particularly those in rural areas. Among its many services, the network also provides its qualified users, including health care providers, access to Internet2.

The Illinois Century Network has 15 points of presence (POP) throughout the state, enabling users to have low cost, high speed access to the Internet. All POPs are connected together, mostly with OC3 and higher speed connections. The Illinois Century Network is connected to the Internet and Internet2 with multiple connections at OC12 or higher speeds. Illinois Century Network's IP video service supports H.323 video connections and reasonably priced Quality of Service is available for users with critical applications such as selected telemedicine services/consultations.

There are approximately 75 hospitals and other health care facilities connected to the Illinois Century Network as of December 2006. Among that number are 36 small rural hospitals that have Internet H.323 video at their facilities. The majority of these hospitals use the Illinois Century Network for their Internet connections.

GOAL AND OBJECTIVES OF PROJECT

Goal
Promote the expanded use of broadband telecommunications and other health information technologies to ensure Illinois' rural residents can access needed health care services locally and to support rural hospitals and health care providers ability to provide the highest quality health care and to participate in continuous clinical, educational and research updates.
Objectives

Universal Service Administrative Company Focus
1) Provide technical assistance to non-participating hospitals and health care providers to receive USAC support from either the Rural Health Care Corporation or the 85 percent subsidy offered through this pilot program.

   a)   Develop and distribute educational materials and provide instructional programs to prepare health care providers for participation in USAC subsidy opportunities.

   b)   Provide direct assistance to health care provider support staff to identify appropriate telecommunications resources and to complete necessary applications to receive USAC subsidies.

   Rationale:

   Non-profit hospitals and other health care providers located in rural areas have been eligible to receive FCC/Rural Health Care Corporation subsidies for their telecommunications charges since 1997. The subsidies ensure that eligible health care providers pay no more than their urban counterparts for

similar circuits. A review of recent Rural Health Care Corporation Web site listings of participating providers reveals that in 2004, 43 rural Illinois hospitals received $515,280 in subsidies and in 2005, only 26 rural hospitals sought subsidies, totaling $461,737. Participants can submit documentation for subsidies until June 30 of the following year, thus final tallies for 2006 are not available.

In 2004, hospitals received subsidies ranging from $165 to $79,755 for their telecommunications charges. In 2005, the range was similar - $971 to $84,304. Of the 17 hospitals that participated in the program in 2004 but elected not to participate in 2005, several had received $12,000 and $18,000 and as much as $31,000 in support in 2004.

Such low participation in the Rural Health Care Corporation program indicates the need for technical assistance in Illinois to help the balance of the 87 eligible rural hospitals improve their Internet connections, if necessary, and to take advantage of the available subsidies by initiating Rural Health Care Corporation applications.

The availability of subsidies for urban health care providers offers an incentive for those providers to develop new or to expand existing linkages with rural health care providers through electronic health information exchange and telehealth/telemedicine projects. There are 111 hospitals in urban areas of Illinois that could be solicited for participation in new projects, with the goal of successfully recruiting 25 percent of the facilities in the first year of this project. It is the applicant's expectation that a portion of the subsidy received by the urban providers, potentially 35 percent, would be returned to the applicant to be used for continuation of the project after grant support expires.

Telehealth/telemedicine Focus

2) Provide central coordination for the development and expansion of telehealth/telemedicine services for hospitals statewide, with special attention given to the needs of rural hospitals and health care providers and their patients, by building on existing and developing new resources, especially at academic and research health centers.

   a) Consult with rural hospital staff, community-based health care providers, and related professional associations to learn of education and resource needs and identify those that could be met via telehealth/telemedicine technologies.

   Rationale:

Many rural hospitals and several urban hospitals (Children's Memorial Hospital in Chicago and Carle Foundation Hospital in Urbana as examples) already use telehealth/telemedicine technologies extensively, while other hospitals, both those with and without video equipment, have not become fully engaged in the health care services, educational, and administrative benefits of telehealth technologies. Education and technical assistance are needed to identify needs that can be addressed with broadband-based applications, consolidate identified needs among multiple providers, and recommend solution(s) for multiple providers.

Hospital staff and their affiliated health care providers need a trusted, centralized source of information about broadband-based applications that would most benefit their ability to provide their patients with quality, safe and cost-effective services. Educational materials and programs that address strategic planning, technology implementation readiness, technology/vendor selection, and technology partnership possibilities are needed and have been identified as a goal in the IHA 2007 strategic plan. Examples of potential applications include:

- Internet video, including applications for stroke intervention; pediatric, neurology, and cardiology consults; remote disease management; electronic monitoring of telemetry and intensive care units; and remote psychiatry services
- Regional health information organization (RHIO) support
- ePrescribing
- Picture archiving and communications systems (PACS)
- Computerized provider order entry (CPOE)
- Electronic health records
- Patient/provider portals
- Chronic disease remote monitoring/support

b)   Work with the IHA Regional Health Information Organization (RHIO)Task Force members to coordinate efforts of/initiate contacts with urban hospitals and academic medical centers to develop telehealth/telemedicine services such as specialty consults (neurology, geriatrics, psychiatry, ICU coverage as examples), and educational programming that may be offered to other hospitals and health care providers throughout the state.

Rationale:

The IHA Regional Health Information Organization Task Force includes representatives from both rural and urban hospitals

statewide. The members generally are the chief information officer of their hospitals. Their professional positions and their interest in participating on the task force are an indication of their interest in health information technology of all categories and its ability to support the health care goals of their hospitals. Several of the members represent large urban hospitals and academic medical centers, thus offer an excellent internal connection to the appropriate staff who would share an interest in developing/expanding programs and services focused on telehealth and other health information technologies.

c)   Ensure health care providers are aware of the capacity of the Illinois Century Network to potentially meet their needs related to broadband Internet connections and to support telehealth/telemedicine.

Rationale:

All non-profit hospitals and health care providers in Illinois, rural and urban, are eligible to use the Illinois Century Network for broadband Internet connections and for access to Internet2. The Illinois Century Network will work with individual facilities and providers to meet their unique needs, including quality of service needed for special health care and telemedicine applications. The Illinois Century Network is a very cost effective solution for a majority of users. IHA staff can assist Illinois Century Network staff develop and distribute regularly scheduled information updates describing its service capabilities for the health care field.

d)   Increase the capability of the Illinois Hospital Association to provide educational programming and conduct meetings on-line to aid its downstate and rural members by contracting with the Southern Illinois University School of Medicine for expanded use of its multipoint connectivity capabilities.

Rationale:

IHA hosts dozens of educational sessions, task force, steering committees and board meetings throughout the year. Member participation in these events can be affected by the travel time involved: Illinois is nearly 500 miles from its northern border to the southernmost community. IHA has video capabilities at its Naperville and Springfield offices, however the number of external sites it can connect for video conferencing is limited. Thirty-six rural hospitals have telehealth/video conferencing capabilities. IHA currently uses a

system that is adequate for a small number of external sites and is in the process of increasing its ability to link to more of its members' sites for meetings and programs. This would result in significant travel cost savings and more efficient use of staff time. The Southern Illinois University School of Medicine in Springfield has the capability to connect up to 50 video sites and has made its technology available to IHA at no charge. However, as IHA and Southern Illinois University School of Medicine increase the use of technology for education and administrative programs, the multipoint connectivity at Southern Illinois University must be expanded to accommodate the multiple programs occurring within the same time period. Southern Illinois University School of Medicine's telehealth program has a per site fee structure based on equipment and bandwidth expenses that will be implemented for future expanded activities.

e) Build on hospitals current access to Internet2 through the Illinois Century Network to develop/enhance infrastructure needed to support Illinois hospitals' future participation in rapid-learning initiatives.

Rationale:

Medical discoveries and technology advances typically require many years of research and randomized clinical trials to verify their veracity and safety. Dissemination of new clinical information to health care providers and its adoption in everyday clinical practice adds even more years to the process. Databases resulting from the use of electronic health records, especially by large organized systems such as the Department of Veterans Affairs, Kaiser Permanente, Geisinger Health System, the Cancer Research Network, the Vaccine Safety Datalink offer the opportunity for real-time learning using millions of patient records. What used to require years of analysis can now be completed in hours or days.

Illinois has eight medical schools with 12 campuses and dozens of hospitals participating in research and graduate medical education. Their ability to link to Internet2 and participate in nationwide research will benefit the quality of the research and the quality of care available for Illinois' residents.

3) Provide central coordination for the development and expansion of telehealth/telemedicine services for critical access hospitals in Illinois.

Rationale:

One group especially experienced with telehealth includes the smallest of the rural hospitals, the critical access hospitals. The Illinois Critical Access Hospital Network seeks funding for its efforts to better support members' telehealth applications, building on their already significant capabilities. A full-time contractual staff position would be devoted to helping members identify special needs that could be addressed with telehealth and other health information technologies and begin implementation of the solutions. Of particular interest will be the identification of solutions that can be aggregated to meet the needs of multiple users.

There are multiple areas of particular interest to the members of the Illinois Critical Access Hospital Network.

a)   Develop linkages with specialty hospitals and physicians to provide consultation and services in the following areas:

- stroke intervention   - remote disease management
- pediatric consults   - electronic monitoring of telemetry
- neurology consults   and intensive care units
- cardiology support   - psychiatry services

b)   Provide information technology assistance to community-based physicians as they evaluate various electronic health record options and as they consider future requirements associated with pay for performance IT functionality requirements (e.g., a registry of patients with chronic disease(s); a system to track test results with prompts to providers to follow-up on abnormal results; and a system that notifies patients of lab test results).

c)   Provide technical consultation on internal IT modifications for optimal video connections and supervise community hospitals connections to the Illinois Century Network or other broadband vendors.

Rationale:

Video quality can be affected by many factors, including bandwidth issues. Latency, internal local area network issues, quality of service, and carrier stability are examples. Illinois Critical Access Hospital Network staff have more than seven years experience with video network requirements and the supporting Illinois Century Network and other carrier connections. Collaborative efforts of both IHA and

Illinois Critical Access Hospital Network staff will facilitate compatibility among all video participants.

The Illinois Critical Access Hospital Network seeks funding to ensure all members have the most appropriate and efficient connections to the Internet/Illinois Century Network and have standardized video linkages. As additional applications and users are identified, additional (0.5 FTE) technical support staff will be needed to augment existing staff.

Capacity Building Pilot Projects

4) Support the expansion and refinement of regional networks among member hospitals and their health care partners for enhanced telehealth and information exchange capabilities.

   a) Southern Illinois Healthcare is the largest health care system in southern Illinois and the second largest employer in the region. In addition to its state-of-the-art clinical care, Southern Illinois Healthcare has implemented an enterprise-wide-area network with a gigabit fiber sonnet ring backbone. Data, voice, clinical images, and video are available over the enterprise network to staff at the system's three hospitals, administrative office, six clinics, two medical office buildings, and multiple physician offices. Laboratory results, radiology reports, and transcribed reports have been shared with physicians practicing at Southern Illinois Healthcare-affiliated sites using the enterprise network since 1998. HL7 interfaces are used at the clinics using electronic health records.

   As Southern Illinois Healthcare refines its plans for health information exchange among all health care providers in the southern Illinois region, including physicians, pharmacists, long term care facilities, behavioral health, federally qualified health centers, and laboratories, the need for accurate patient identification is apparent. The enormity of evaluating the needs of the multiple users of the data and eventually supporting the exchange of electronic health records has led Southern Illinois Healthcare to request support for external assistance in identifying an appropriate electronic master patient index or record locator system.

   b) Memorial Health System is a community-based, not-for-profit corporation dedicated to patient care, education and research. It

includes Memorial Medical Center in Springfield, an acute care teaching hospital that has been affiliated with Southern Illinois University School of Medicine since 1970. Two rural hospitals, Abraham Lincoln Memorial Hospital in Lincoln, and Taylorville Memorial Hospital in Taylorville, also are affiliates of the Memorial Health System. The system also includes affiliates that provide home care, behavioral healthcare and rehabilitation, and a non-profit, primary care network of 40 physicians, 10 nurse practitioners and a physician assistant located in 11 separate clinic locations, five of which are rural.

Memorial Health System has a strategic initiative to provide 99.9 percent availability for all critical clinical information systems used for patient care for the health care facilities in the communities served by the system. The system also seeks to achieve business continuity and, in the case of a major catastrophe, reduce the limitations in connectivity provided by traditional facility providers, such as AT&T or Verizon. Memorial Health System requests funds to hire a consultant with specialized expertise in the area of telecommunications to determine the best approach for connectivity between Abraham Lincoln Memorial Hospital and the system's datacenter in Springfield. The outcome of such a study would be used to inform connectivity decisions related to the balance of affiliates.

Expand University of Illinois College of Medicine Activities
5) Support increased coordination with existing and participate in the development of new telehealth/telemedicine and educational programs offered by video and other online technologies by medical and health professional schools at the University of Illinois at Rockford, Chicago, Champaign, and Peoria.

Rationale:

The University of Illinois College of Medicine at Rockford, its National Center for Rural Health Professions, and the Rural Medical Education Program work closely with the University of Illinois at Chicago to offer health care services and information to physicians and other health professionals in rural and remote areas of Illinois. This fits with the statewide mission of the University of Illinois to use its resources in service to all of the Illinois population and communities.

Special focus will be given to the 25 rural communities and their hospitals where fourth year medical students who participate in the Rural Medical Education Program complete a 16-week rotation. A list of those hospitals and

their RUCA codes is available on page 27. Approximately half of Illinois' 102 counties have practicing physicians who participated in the Rural Medical Education Program.

University of Illinois College of Medicine at Rockford must augment existing staff by hiring a coordinator, initially a 0.5 FTE position, to develop and provide education sessions and workshops. These programs will be offered via distance-learning to the hospital staff and community-based physicians serving the 25 rural hospitals that precept the Rural Medical Education Program medical students.

The College of Medicine at Rockford intends to expand its service offerings to the community-based training hospitals by developing telehealth links between multiple University of Illinois College of Medicine at Chicago departments (i.e., neurology, psychiatry, dermatology, emergency medicine, and the University of Illinois at Chicago Hospital's emergency department) with University of Illinois at Rockford to offer consultation services with Rockford campus programs in medicine, pharmacy, nursing and public health. Such consultation services, once necessary linkages are established, will be offered to the community hospitals that have telehealth/video capability. The distance learning coordinator will participate in the development of these new services as well as assisting the hospitals that do not have telehealth/video capabilities identify resources to secure the technology.

Expand Southern Illinois University School of Medicine Activities
6) Support the expansion of the educational programs already offered by video and other online technologies by medical and other health care programs in the state, especially Southern Illinois University School of Medicine and University of Illinois College of Medicine at Rockford.

Rationale:

Southern Illinois University School of Medicine uses telehealth to expand the capacity of local communities to address health care needs in downstate Illinois. The Southern Illinois University Telehealth Networks and Programs expands health care capacity of downstate providers through the use of health information technology, particularly video conferencing. In 2006, Telehealth Networks and Programs linked 104 organizations in 92 communities and 63 counties in Illinois for telehealth programs. Additional programs linked Illinois providers with those in eight states and two foreign countries. Educational programs are provided for medical, nursing, allied health and community education professionals.

The Southern Illinois University Telehealth Networks and Programs has a multipoint connection unit purchased in 2001 and upgraded in 2004 that is capable of 30 simultaneous connections. To accommodate the expanded activities as proposed in this FCC Rural Health Care Pilot Program application, Southern Illinois University Telehealth Networks and Programs proposes to update the multipoint connection unit to double its capacity.

Telehealth Networks and Programs has many years of experience and has learned that connecting more than 15 sites in a live video conference limits participants' opportunities to interact due to the number of participants as much as it does when a classroom has 200 participants. When attendance levels are too high, the two-way communication capacity of video conferencing is diminished. For programs that are especially popular and to support access when most convenient for the video user, video streaming becomes a viable option. The programming, with two-way text or voice communications, can be delivered to the desktop of individual health care providers at home or office. This technology allows participation by the most isolated providers and allows increased participation for some of the most popular programs. Telehealth Networks and Programs has a waiting list for its most popular continuing medical education programs for physicians.

An increase in bandwidth provided by the Illinois Century Network would be needed to support the increase in MCU capacity and the video streaming technology.

Telehealth Networks and Programs provides a significant level of staff support for both internal and external program participants. The program provides meeting facilities and equipment support services; video conference scheduling and reservation services; site certification, testing and troubleshooting; connection and monitoring services; speaker and material preparation support and rehearsal services; site coordinator and user training and support services; conference planning and management services; and technical consulting services. The program reports that every dollar invested in technology is equally matched by staff expenditures.

NETWORK COSTS

This proposal to the FCC Rural Health Care Pilot Program supports the ability of Illinois hospitals, especially its rural hospitals, and other health care providers to either initiate use of broadband-supported telehealth and related health information technologies or to expand current applications. A statewide broadband network already exists throughout Illinois, the Illinois Century Network that was

described on page 3 so there is no need to develop a duplicate network infrastructure. Nearly all telehealth users in the state use the Illinois Century Network for their broadband services. Rather than network development funding, this proposal requests funds to support activities that will help coordinate existing services and capacity, facilitate the identification of needs and the most efficient solutions to those needs, and ensure that the most efficient and effective use is made of telehealth and other health information technologies to most positively affect the health status of all Illinoisans, especially rural Illinoisans.

The proposed project costs are $944,860 as detailed in the budget and budget justification presented on pages 32 to 35.

Methodology for Payment by For-profit Network Users

All proposed activities described in this Rural Health Care Pilot Program proposal result in development or expansion of services and programs using the existing Illinois Century Network or other Internet-based connectivity. The Illinois Century Network has its own fee structure for users, all of whom must be public or not-for-profit entities (legislatively mandated). Technical assistance offered to eligible health care providers to help them participate in the USAC subsidy program would only be offered to public or not-for-profit providers, an eligibility requirement for USAC participation. However, technical assistance and central coordination for expanded telehealth activities statewide will be offered to all hospitals and health care providers, including
for profit providers, as no network charges would be involved. There are 27 for profit hospitals in Illinois, seven of which are located in rural areas of the state.

The partner organizations are either public or not-for-profit entities. The proposed activities and services do not/will not have associated fees. The one exception may be the Southern Illinois University multipoint control unit, which may result in a service charge for users. The Southern Illinois University School of Medicine has a fee structure already designed that it will implement as its internal policies dictate, which do not differentiate between for-profit and not-for-profit users. Rather, fees are charged for uses that are not related to the medical school's mission.

Sources of Financial Support and Projected Revenues

The applicant, the Illinois Hospital Association, and the project partners each will commit financial resources from operating budgets to meet expenses associated with their proposed activities. The activities planned by IHA and the multiple partners build and expand upon present capabilities. However, only a limited level of resources have been available to support planning of an initial set of activities rather than the implementation of the full range of activities presented in this

application. The availability of funds from the FCC Rural Health Care Pilot Program will enable IHA and its partners to move ahead with all activities.

IHA will reassign existing staff to the activities described in the application objectives.

The University of Illinois College of Medicine will have funds available within its operating budget to meet the required 15 percent costs associated with adding a part-time staff member and purchasing the equipment necessary to expand its telehealth education and service activities.

Southern Illinois University School of Medicine's Telehealth Networks and Programs will have funds available in its operating budget to meet the required 15 percent costs associated with adding a part-time staff member and purchasing equipment necessary to expand its telehealth support activities.

Southern Illinois Healthcare and Memorial Medical Center both seek funding for contractual consultants to evaluate expansions of telehealth or related health information technology activities, and both have committed funds from their operating budgets to meet the required 15 percent costs.

The Illinois Critical Access Hospital Network has budgeted funds to meet the expenses associated with the addition of 1.5 FTE contractual staff.

As referenced previously, a new network is not to be developed with these funds, thus no usage fees will be collected. The only revenues to be considered would be those potentially to be collected by Southern Illinois University's School of Medicine for use of its multipoint control unit.

PARTNERING HEALTH CARE FACILITIES

The names, locations, and Rural-Urban Commuting Area codes for Illinois hospitals are presented on the following pages. Rural hospitals are listed first, with the RUCA code for each. Next, the urban hospitals are listed and all have a RUCA code of 1. A list of the hospitals that have an enhanced relationship with the University of Illinois College of Medicine at Rockford is the third table to be included. The Rockford program is not limited to the 25 hospitals listed in the table and can interact with any facility or health care provider in the state. The same statement can be made for the Southern Illinois University School of Medicine and its Telehealth Networks and Programs.

ILLINOIS RURAL HOSPITAL LOCATIONS AND RUCA CODES

HOSPITAL NAME	ADDRESS	TOWN	ZIP CODE	HOSPITAL PHONE	RUCA CODE
Abraham Lincoln Memorial Hospital	315 8th Street	Lincoln	62656	(217) 732-2161	4.2
Anderson Hospital	6800 State Rte #162	Maryville	62062	(618) 288-5711	1.0
Blessing Hospital	Broadway at 11th St, PO Box 7005	Quincy	62305	(217) 223-1200	5.0
Carlinville Area Hospital	1001 East Morgan Street	Carlinville	62626	(217) 854-3141	7.0
Centegra Memorial Medical Center	PO Box 1990	Woodstock	60098	(815) 338-2500	2.0
CGH Medical Center	100 East LeFevre Road	Sterling	61081	(815) 625-0400	4.0
Clay County Hospital	911 Stacy Burk Drive, PO Box 280	Flora	62839	(618) 662-2131	7.0
Community Hospital of Ottawa	1100 East Norris Drive	Ottawa	61350	(815) 433-3100	6.0
Community Memorial Hospital	400 Caldwell	Staunton	62088	(618) 635-2200	9.1
Crawford Memorial Hospital	1000 North Allen Street	Robinson	62454	(618) 544-3131	8.0
Crossroads Community Hospital	#8 Doctors Park Road	Mount Vernon	62864	(618) 244-5500	4.0
Dr. John Warner Hospital	422 West White Street	Clinton	61727	(217) 935-9571	7.3
Eureka Community Hospital	101 South Major Street	Eureka	61530	(309) 467-2371	7.1
Fairfield Memorial Hospital	303 NW Eleventh Street	Fairfield	62837	(618) 842-2611	7.0
Fayette County Hospital	650 West Taylor Street	Vandalia	62471	(618) 283-1231	8.0
Ferrell Hospital	1201 Pine Street	Eldorado	62930	(618) 273-3361	8.4
FHN Memorial Hospital	1045 West Stephenson	Freeport	61032	(815) 599-6000	4.0

	St.				
Franklin Hospital	201 Bailey Lane	Benton	62812	(618) 439-3161	7.0
Galena-Stauss Hospital	215 Summit Street	Galena	61036	(815) 777-1340	7.3

Galesburg Cottage Hospital	695 North Kellogg Street	Galesburg	61401	(309) 343-8131	4.0
Genesis Medical Center, Illini Campus	801 Illini Drive	Silvis	61282	(309) 792-9363	1.0
Gibson Area Hospital & Health Srvs.	1120 North Melvin Street, PO Box 429	Gibson City	60936	(217) 784-4251	9.0
Good Samaritan Regional Health Ctr.	605 North 12th Street	Mount Vernon	62864	(618) 242-4600	4.0
Graham Hospital	210 West Walnut Street	Canton	61520	(309) 647-5240	4.2
Greenville Regional Hospital	200 Healthcare Drive	Greenville	62246	(618) 664-1230	9.1
Hamilton Memorial Hospital District	611 South Marshall Avenue, PO Box 429	McLeansboro	62859	(618) 643-2361	8.4
Hammond-Henry Hospital	600 North College Avenue	Geneseo	61254	(309) 944-6431	7.3
Hardin County General Hospital	Ferrell Road, Box 2467	Rosiclare	62982	(618) 285-6634	10.5
Harrisburg Medical Center	100 Dr. Warren Tuttle Drive, PO Box 428	Harrisburg	62946	(618) 253-7671	5.0
Heartland Regional Medical Center	3333 West DeYoung	Marion	62959	(618) 998-7000	4.0
Herrin Hospital	201 South 14th Street	Herrin	62948	(618) 942-2171	4.0
Hillsboro Area Hospital	1200 East Tremont Street	Hillsboro	62049	(217) 532-6111	9.0
Hoopeston Comm. Mem. Hospital	701 East Orange Street	Hoopeston	60942	(217) 283-5531	7.3
Illini Community Hospital	640 West Washington St.	Pittsfield	62363	(217) 285-2113	9.0
Illinois Valley Community	925 West	Peru	61354	(815) 223-	4.0

Hospital	Street			3300	
Iroquois Memorial Hospital	200 Fairman Avenue	Watseka	60970	(815) 432-5841	7.0
Jersey Community Hospital	400 Maple Summit Rd, PO Box 426	Jerseyville	62052	(618) 498-6402	7.3
John & Mary E. Kirby Hospital	1111 North State Street	Monticello	61856	(217) 762-2115	7.1

Katherine Shaw Bethea Hospital	403 East First Street	Dixon	61021	(815) 288-5531	4.0
Kewanee Hospital	719 Elliott St., PO Box 747	Kewanee	61443	(309) 853-3361	4.0
Kindred Hospital Sycamore	225 Edward Street	Sycamore	60178	(815) 895-2144	1.0
Kishwaukee Community Hospital	626 Bethany Road, PO Box 707	DeKalb	60115	(815) 756-1521	1.0
Lawrence County Memorial Hospital	2200 West State Street	Lawrencevil le	62439	(618) 943-1000	8.0
Marshall Browning Hospital	900 N Washington St, PO Box 192	Du Quoin	62832	(618) 542-2146	7.0
Mason District Hospital	615 North Promenade, PO Box 530	Havana	62644	(309) 543-4431	7.0
Massac Memorial Hospital	28 Chick Street, PO Box 850	Metropolis	62960	(618) 524-2176	8.0
McDonough District Hospital	525 East Grant Street	Macomb	61455	(309) 833-4101	4.0
Memorial Hospital	402 South Adams St, PO Box 160	Carthage	62321	(217) 357-3131	10.6
Memorial Hospital	1900 State Street, Box 609	Chester	62233	(618) 826-4581	7.0
Memorial Hospital of Carbondale	405 W Jackson St, PO Box 10000	Carbondale	62902	(618) 549-0721	5.0
Mendota Community Hospital	1315 Memorial Drive	Mendota	61342	(815) 539-7461	7.4
Mercer County Hospital	409 NW 9th Avenue	Aledo	61231	(309) 582-5301	7.3
Mercy Harvard Hospital	901 Grant Street, PO Box 850	Harvard	60033	(815) 943-5431	7.3
Morris Hospital &	150 West	Morris	60450	(815) 942-	4.1

Healthcare Centers	High Street			2932	
Morrison Community Hospital	303 North Jackson Street	Morrison	61270	(815) 772-4003	7.4
OSF Holy Family Medical Center	1000 West Harlem Avenue	Monmouth	61462	(309) 734-3141	4.0

OSF Saint James-John W. Albrecht Medical Center	2500 West Reynolds	Pontiac	61764	(815) 842-2828	4.0
OSF St. Mary Medical Center	3333 North Seminary Street	Galesburg	61401	(309) 344-3161	4.0
Pana Community Hospital	101 East Ninth Street	Pana	62557	(217) 562-2131	4.2
Paris Community Hospital	721 East Court Street	Paris	61944	(217) 465-4141	7.0
Passavant Area Hospital	1600 West Walnut Street	Jacksonville	62650	(217) 245-9541	4.2
Perry Memorial Hospital	530 Park Avenue East	Princeton	61356	(815) 875-2811	7.0
Pinckneyville Community Hospital	101 North Walnut Street	Pinckneyville	62274	(618) 357-2187	7.0
Provena United Samaritans Medical Center	812 North Logan Avenue	Danville	61832	(217) 443-5000	1.0
Red Bud Regional Hospital	325 Spring Street	Red Bud	62278	(618) 282-3831	7.3
Richland Memorial Hospital	800 East Locust Street	Olney	62450	(618) 395-7340	7.0
Rochelle Community Hospital	900 North Second	Rochelle	61068	(815) 562-2181	4.2
St. Anthony's Memorial Hospital	1201 Ricker Drive	Effingham	62401	(618) 548-3194	4.0
St. Francis Hospital	1000 Health Center Dr, PO Box 372	Litchfield	62056	(217) 258-2525	8.0
St. Joseph Memorial Hospital	238 South Congress Street	Murphysboro	62966	(217) 322-4321	5.0
St. Joseph's Hospital	200 South Cedar Street	Breese	62230	(217) 774-3961	7.3
St. Joseph's Hospital	818 E Broadway, PO Box 297	Highland	62249	(618) 443-2177	7.1
St. Mary's Hospital	503 North Maple Street	Centralia	62801	(217) 342-2121	4.0
St. Margaret's Hospital	1215 Franciscan Dr, PO Box	Spring Valley	61362	(217) 324-2191	5.0

	1215				
St. Mary's Hospital	2 South Hospital Drive	Streator	61364	(618) 684-3156	4.0

Salem Township Hospital	9515 Holy Cross Ln, PO Box 99	Salem	62881	(618) 526-4511	7.4
Sarah D. Culbertson Mem. Hospital	1515 Main Street	Rushville	62681	(618) 654-7421	7.0
Sarah Bush Lincoln Health Center	600 East First Street	Mattoon	61938	(815) 664-5311	5.0
Shelby Memorial Hospital	400 North Pleasant Avenue	Shelbyville	62565	(618) 436-8000	7.0
Sparta Community Hospital	111 Spring Street	Sparta	62286	(815) 673-2311	7.3
Taylorville Memorial Hospital	201 East Pleasant Street	Taylorville	62568	(217) 824-3331	4.2
Thomas H. Boyd Memorial Hospital	800 School Street	Carrollton	62016	(217) 942-6946	10.6
Touchette Regional Hospital	5900 Bond Avenue	Centreville	62207	(618) 332-3060	1.0
Union County Hospital District	517 North Main Street	Anna	62906	(618) 833-4511	8.0
Valley West Community Hospital	11 East Pleasant Avenue	Sandwich	60548	(815) 786-8484	2.0
Wabash General Hospital District	1418 College Drive	Mount Carmel	62863	(618) 262-8621	8.0
Washington County Hospital	705 South Grand Avenue	Nashville	62263	(618) 327-8236	7.0

ILLINOIS URBAN HOSPITAL LOCATIONS AND RUCA CODE

Hospital	Address	City	Zip	Hospital Phone	RUCA Code
Adventist GlenOaks Hospital	701 Winthrop Avenue	Glendale Heights	60139-1403	(630) 545-8000	1.0
Adventist Hinsdale Hospital	120 North Oak Street	Hinsdale	60521-3829	(630) 856-9000	1.0
Adventist La Grange Memorial Hospital	5101 South Willow Springs Rd.	La Grange	60525-2679	(708) 245-9000	1.0
Advocate Bethany Hospital	3435 West Van Buren Street	Chicago	60624-3359	(773) 265-7700	1.0
Advocate Christ Medical Center	4440 West 95th Street	Oak Lawn	60453-2699	(708) 684-8000	1.0
Advocate Good Samaritan Hospital	3815 Highland Avenue	Downers Grove	60515-1590	(630) 275-5900	1.0
Advocate Good Shepherd Hospital	450 West Highway 22	Barrington	60010-1901	(847) 381-0123	1.0
Advocate Illinois Masonic Medical Center	836 West Wellington Avenue	Chicago	60657-5193	(773) 975-1600	1.0
Advocate Lutheran General Hospital	1775 Dempster Street	Park Ridge	60068-1173	(847) 723-2210	1.0
Advocate South Suburban Hospital	17800 South Kedzie Avenue	Hazel Crest	60429-0989	(708) 799-8000	1.0
Advocate Trinity Hospital	2320 East 93rd Street	Chicago	60617-3983	(773) 967-2000	1.0
Alexian Brothers Behavioral Health Hospital	1650 Moon Lake	Hoffman Estates	60169	(847) 882-1600	1.0

	Boulevard				
Alexian Brothers Medical Center	800 Biesterfield Road	Elk Grove Village	60007 -3397	(847) 437-5500	1.0
Alton Memorial Hospital	One Memorial Drive	Alton	62002 -6755	(618) 463-7311	1.0
BroMenn Regional Medical Center	1304 Franklin Avenue	Normal	61761	(309) 454-1400	1.0
Carle Foundation Hospital	611 West Park Street	Urbana	61801 -2529	(217) 383-3311	1.0
Centegra Northern Illinois Medical Center	4201 Medical Center Drive	McHenry	60050 -8499	(815) 344-5000	1.0
Central DuPage Hospital	25 North Winfield Road	Winfield	60190 -1295	(630) 933-1600	1.0
Chicago Lakeshore Hospital	4840 North Marine Drive	Chicago	60640	(773) 878-9700	1.0
Children's Memorial Hospital	2300 Children's Plaza	Chicago	60614 -3394	(773) 880-4000	1.0
Condell Medical Center	801 South Milwaukee Avenue	Libertyville	60048 -3199	(847) 362-2900	1.0
Decatur Memorial Hospital	2300 North Edward Street	Decatur	62526 -4193	(217) 876-8121	1.0
Delnor-Community Hospital	300 Randall Road	Geneva	60134 -4202	(630) 208-3000	1.0
Edward Hospital	801 South Washington Street	Naperville	60540 -7430	(630) 527-3000	1.0
Elmhurst Memorial Hospital	200 Berteau Avenue	Elmhurst	60126 -2989	(630) 833-1400	1.0
Evanston Hospital	2650	Evanston	60201	(847) 570-	1.0

	Ridge Avenue			2000	
Glenbrook Hospital	2100 Pfingsten Road	Glenview	60026 -1301	(847) 657- 5800	1.0
Gottlieb Memorial Hospital	701 West North Avenue	Melrose Park	60160 -1612	(708) 681- 3200	1.0
Highland Park Hospital	718 Glenview Avenue	Highland Park	60035 -2497	(847) 432- 8000	1.0
Holy Cross Hospital	2701 West 68th Street	Chicago	60629 -1883	(773) 884- 9000	1.0
Holy Family Medical Center	100 North River Road	Des Plaines	60016 -1209	(847) 297- 1800	1.0
Human Service Center	600 Fayette Street, PO Box 1346	Peoria	61654 -1346	(309) 671- 8005	1.0

Illinois Valley Community Hospital	925 West Street	Peru	61354 -2757	(815) 223- 3300	1.0
Ingalls Memorial Hospital	One Ingalls Drive	Harvey	60426 -3558	(708) 333- 2300	1.0
Institute of Physical Medicine & Rehabilitation	6501 North Sheridan Road	Peoria	61614 -2932	(309) 692- 8110	1.0
John H. Stroger, Jr. Hospital of Cook County	1901 West Harrison Street	Chicago	60612	(312) 864- 6000	1.0
Kenneth Hall Regional Hospital	129 North 8th Street	East St Louis	62201 -2917	(618) 274- 1900	1.0
Kindred Chicago Central Hospital	4058 West Melrose Street	Chicago	60641	(773) 736- 7000	1.0
Kindred Chicago Lakeshore	6130 North Sheridan Road	Chicago	60660 -2830	(773) 381- 1222	1.0
Kindred Hospital Chicago North	2544 West Montrose Avenue	Chicago	60618	(773) 267- 2622	1.0
Kindred Hospital Chicago Northlake	365 East North Avenue	Northlake	60164 -2628	(708) 345- 8100	1.0
Kindred Hospital-Sycamore	225 Edward Street	Sycamore	60178 -2197	(815) 895- 2144	1.0
La Rabida Children's Hospital	East 65th Street at Lake Michigan	Chicago	60649 -1395	(773) 363- 6700	1.0
LaHarpe-Davier Health Care Center	101 North "B" Street, PO Box 547	La Harpe	61450 -0547	(217) 659- 3222	1.0
Lake Forest Hospital	660 North Westmore land Road	Lake Forest	60045 -9989	(847) 234- 5600	1.0
Lincoln Park Hospital	550 West Webster	Chicago	60614 -3965	(773) 883- 2000	1.0

	Avenue				
Linden Oaks Hospital at Edward	801 South Washington	Naperville	60540 -7430	(630) 305- 5500	1.0
Loretto Hospital	645 South Central Avenue	Chicago	60644 -9987	(773) 626- 4300	1.0

Louis A. Weiss Memorial Hospital	4646 North Marine Dr.	Chicago	60640 -5789	(773) 878-8700	1.0
Loyola University Medical Center	2160 South First Avenue	Maywood	60153 -5599	(708) 216-9000	1.0
MacNeal Hospital	3249 South Oak Park Avenue	Berwyn	60402 -0715	(708) 783-0141	1.0
Marianjoy Rehabilitation Hospital & Clinics	26 W 171 Roosevelt Road	Wheaton	60187	(630) 909-8000	1.0
Maryville Scott Nolan Center	555 Wilson Lane	DesPlaines	60016 -1290	(847) 768-5461	1.0
Memorial Hospital	4500 Memorial Drive	Belleville	62226 -5399	(618) 233-7750	1.0
Memorial Medical Center	701 North First Street	Springfield	62781 -0001	(217) 788-3000	1.0
Methodist Medical Center of Illinois	221 NE Glen Oak Avenue	Peoria	61636 -0002	(309) 672-5522	1.0
Mount Sinai Hospital	California Avenue at 15th Street	Chicago	60608 -1797	(773) 542-2000	1.0
Northwest Community Hospital	800 West Central Road	Arlington Heights	60005 -2392	(847) 618-1000	1.0
Northwestern Memorial HealthCare	251 East Huron St.	Chicago	60611	(312) 926-2000	1.0
Norwegian American Hospital	1044 North Francisco Avenue	Chicago	60622 -2794	(773) 292-8200	1.0
Oak Forest Hospital of Cook County	15900 South Cicero	Oak Forest	60452 -4006	(708) 687-7200	1.0

	Avenue				
OSF Saint Anthony Medical Center	5666 East State Street	Rockford	61108 -2472	(815) 226- 2000	1.0
OSF Saint Francis Medical Center	530 NE Glen Oak Avenue	Peoria	61637 -0002	(309) 655- 2000	1.0
OSF St. Joseph Medical Center	2200 East Washingto n Street	Bloomington	61701 -4323	(309) 662- 3311	1.0

OSF St. Mary Medical Center	3333 North Seminary Street	Galesburg	61401 -1299	(309) 344- 3161	1.0
Our Lady of the Resurrection Medical Center	5645 West Addison Street	Chicago	60634 -4403	(773) 282- 7000	1.0
Palos Community Hospital	12251 South 80th Avenue	Palos Heights	60463 -1256	(708) 923- 4000	1.0
Pekin Hospital	600 South 13th Street	Pekin	61554 -4936	(309) 347- 1151	1.0
Perry Memorial Hospital	530 Park Avenue East	Princeton	61356 -2598	(815) 875- 2811	1.0
Proctor Hospital	5409 North Knoxville Avenue	Peoria	61614 -5094	(309) 691- 1000	1.0
Provena Covenant Medical Center	1400 West Park Street	Urbana	61801 -2396	(217) 337- 2000	1.0
Provena Mercy Medical Center	1325 North Highland Avenue	Aurora	60506 -1461	(630) 859- 2222	1.0
Provena Saint Joseph Hospital	77 North Airlite Street	Elgin	60123 -4998	(847) 695- 3200	1.0
Provena Saint Joseph Medical Center	333 North Madison Street	Joliet	60435 -6595	(815) 725- 7133	1.0
Provena St. Mary's Hospital	500 West Court Street	Kankakee	60901 -3661	(815) 937- 2490	1.0
Resurrection Medical Center	7435 West Talcott Avenue	Chicago	60631 -2494	(773) 774- 8000	1.0
Provident Hospital of Cook County	500 East 51st Street	Chicago	60615 -1455	(312) 572- 2000	1.0
Riveredge Hospital	8311 West Roosevelt Road	Forest Park	60130 -2529	(708) 771- 7000	1.0
Rehabilitation Institute of Chicago	345 East Superior Street	Chicago	60611 -4496	(312) 238- 1000	1.0
Riverside Healthcare	350 North	Kankakee	60901	(815) 933-	1.0

	Wall Street		-2901	1671	

RML Specialty Hospital	5601 South County Line Road	Hinsdale	60521 -8900	(630) 286-4000	1.0
Rochelle Community Hospital	900 North Second	Rochelle	61068 -1764	(815) 562-2181	1.0
Rockford Memorial Hospital	2400 North Rockton Avenue	Rockford	61103 -3681	(815) 971-5000	1.0
Roseland Community Hospital	45 West 111th Street	Chicago	60628 -5296	(773) 995-3000	1.0
Rush North Shore Medical Center	9600 Gross Point Road	Skokie	60076 -1257	(847) 677-9600	1.0
Rush Oak Park Hospital	520 South Maple Avenue	Oak Park	60304 -1022	(708) 383-9300	1.0
Rush University Medical Center	1653 West Congress Parkway	Chicago	60612 -3864	(312) 942-5000	1.0
Rush-Copley Medical Center	2000 Ogden Avenue	Aurora	60504	(630) 978-6200	1.0
Sacred Heart Hospital	3240 West Franklin Boulevard	Chicago	60624 -1511	(773) 722-3020	1.0
Saint Anthony Hospital	2875 West 19th Street	Chicago	60623 -3501	(773) 484-1000	1.0
Saint Anthony's Health Center	1 Saint Anthony's Way, PO Box 340	Alton	62002 -0340	(618) 465-2571	1.0
Saint Francis Hospital	355 Ridge Avenue	Evanston	60202 -3399	(847) 316-4000	1.0
Saint Joseph Hospital	2900 North Lake Shore Drive	Chicago	60657 60608	(773) 665-3000	1.0
Schwab Rehabilitation			60608	(773) 522-	1.0

Hospital	South California Blvd		-1694	2010	
Sherman Hospital	934 Center Street	Elgin	60120 -2125	(847) 742- 9800	1.0
Shriners Hospitals for Children-Chicago	2211 North Oak Park Avenue	Chicago	60707 -3392	(773) 622- 5400	1.0
Silver Cross Hospital	1200 Maple Road	Joliet	60432 -1497	(815) 740- 1100	1.0

St. Alexius Medical Center	1555 Barrington Road	Hoffman Estates	60169	(847) 843-2000	1.0
St. Elizabeth's Hospital	211 South Third Street	Belleville	62220-1998	(618) 234-2120	1.0
St. Francis Hospital & Health Center	12935 South Gregory Street	Blue Island	60406-2470	(708) 597-2000	1.0
St. James Hospital & Health Centers, Chicago Heights	1423 Chicago Road	Chicago Heights	60411-3400	(708) 756-1000	1.0
St. James Hospital & Health Centers, Olympia Fields	20201 South Crawford Avenue	Olympia Fields	60461-1080	(708) 747-4000	1.0
St. John's Hospital	800 East Carpenter Street	Springfield	62769-0002	(217) 544-6464	1.0
St. Mary's Hospital	1800 East Lake Shore Drive	Decatur	62521-3883	(217) 464-2966	1.0
Streamwood Behavioral Health Center	1400 East Irving Park Road	Streamwood	60107-3203	(630) 837-9000	1.0
Sts Mary & Elizabeth Medical Centers/St. Elizabeth	1431 North Claremont Avenue	Chicago	60622-1791	(773) 278-2000	1.0
Sts Mary & Elizabeth Medical Centers/St. Mary	2233 West Division Street	Chicago	60622-3087	(312) 770-2000	1.0
Swedish Covenant Hospital	5145 North California Avenue	Chicago	60625-3642	(773) 878-8200	1.0
SwedishAmerican Hospital	1401 East State Street	Rockford	61104-2298	(815) 968-4400	1.0
The Pavilion	809 West Church	Champaign	61820-3399	(217) 373-1700	1.0

	St.				
Touchette Regional Hospital	5900 Bond Avenue	Centreville	62207 -2326	(618) 332- 3060	1.0
Trinity Regional Health System	2701-17th Street	Rock Island	61201 -5393	(309) 779- 5000	1.0

University of Chicago Hospitals	5841 S Maryland Ave, M/C 1114	Chicago	60637 -1470	(773) 702- 1000	1.0
University of Illinois Medical Center at Chicago	1740 W Taylor St, Ste 1400, M/C 693	Chicago	60612 -7236	(312) 996- 7000	1.0
Van Matre HealthSouth Rehabilitation Hospital	950 South Mulford Road	Rockford	61108 -4274	(815) 381- 8500	1.0
Vista Medical Center East	1324 North Sheridan Road	Waukegan	60085 -2199	(847) 360- 3000	1.0
Vista Medical Center West	2615 Washington Street	Waukegan	60085 -4988	(847) 249- 3900	1.0
West Suburban Medical Center	3 Erie Court	Oak Park	60302 -2599	(708) 383- 6200	1.0
Westlake Hospital	1225 Lake Street	Melrose Park	60160 -4039	(708) 681- 3000	1.0

RURAL HOSPITALS PARTNERING WITH UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE AT ROCKFORD'S RURAL MEDICAL EDUCATION PROGRAM				
Location	Hospital Name	CAH	Video Capability	RUCA Codes
Anna	Union County Hospital District	Yes		8.0
Centralia	St. Mary's Hospital		Yes	4.0
DeKalb	Kishwaukee Community Hospital			1.0
Dixon	Katherine Shaw Bethea Hospital		Yes	4.0
Fairfield	Fairfield Memorial Hospital	Yes	Yes	7.0
Freeport	Freeport Memorial Hospital			4.0
Galena	Galena-Stauss Hospital/Healthcare Center	Yes	Yes	7.3
Galesburg	OSF St. Mary Medical Center			4.0
Gibson City	Gibson Area Hospital & Health Services	Yes	Yes	9.0
Herrin	Herrin Hospital			4.0
Litchfield	St. Francis Hospital	Yes		8.0
Macomb	McDonough District Hospital			4.0
Marion	Heartland Regional Medical Center			4.0
Mattoon	Sarah Bush Lincoln Health Center			5.0
Metropolis	Massac Memorial Hospital	Yes	Yes	8.0
Monticello	John & Mary E. Kirby Hospital	Yes	Yes	7.1
Murphysboro	St. Joseph Memorial Hospital	Yes		5.0
Ottawa	Community Hospital of Ottawa			6.0
Pittsfield	Illini Community Hospital	Yes	Yes	9.0
Pontiac	OSF Saint James-John W. Albrecht Medical Center			4.0
Princeton	Perry Memorial Hospital	Yes		7.0
Robinson	Crawford Memorial Hospital			8.0
Spring Valley	St. Margaret's Hospital			5.0
Watseka	Iroquois Memorial Hospital			7.0
Marshall/Union Hospital, Terre Haute, IN*	Marshall Clinic (Clark County), and Lugar Center for Rural Health, Terre Haute		Yes	7.3 1.0

* The primary care clinic in Marshall partners with the University of Illinois College of Medicine at Rockford, and the Union Hospital and Lugar Center for Rural Health in Terre Haute, IN.

PRIOR EXPERIENCE DEVELOPING/MANAGING TELEMEDICINE PROGRAMS

A significant level of activity has occurred in Illinois throughout this decade related to telehealth and health information technology adoption. Many hospitals in Illinois have used Internet-based video conferencing technology since early in 2000 for telehealth/telemedicine purposes. As mentioned earlier, 38 of the smallest, rural hospitals and additional larger hospitals and education institutions in the state have video conferencing technology that supports some level of clinical, administrative and educational needs of rural hospitals and their community-based health care providers.

Applicant staff have significant experience developing and overseeing technology projects and networks. Pat Merryweather-Arges, Senior Vice President of IHA oversees technology-related projects of the association and is the health care information and health care quality and policy liaison with local, state, and national public and private organizations. She also has responsibility for COMPdata (on-line comparative information system with primary data collection) and performance measurement development and services in Illinois and five other states. Other principal responsibilities include development and staffing leadership on organizational initiatives, including quality improvement, health information technology, infection control and prevention, HIPAA, community health, accountability, peer review, business coalitions, as well as providing health policy analysis. Ms. Merryweather served as co-chair of the Illinois Electronic Health Record Task Force that was convened in 2006

Todd Hart, director of the Illinois Health Network for the Illinois Hospital Association, directs the Web-based gateway solution that enables the secure exchange of protected health and business-related information between Illinois health care providers. Mr. Hart brings more than 18 years of project management experience. He has managed both the organizational and the technical aspects of statewide technology projects.   He was employed by Illinois government to develop and manage multiple technology-related projects, connecting many of the state's higher education institutions to Internet and video service offerings in the mid-1990s. He has extensive business experience in both the private and public sectors and served for several years as a senior manager overseeing a successful technology consulting division. In 2004, Mr. Hart was contracted by the IHA to assist rural

health care providers to participate in the USAC Rural Health Care Program. Hart serves on the Planning Leadership Committee of the Illinois Century Network.

Hart also served on the Illinois Electronic Health Record Task Force. The group submitted its report to the Illinois General Assembly in December and several bills were introduced that would implement recommendations of the task force. One of those bills would create a public-private partnership responsible for the development of a health information exchange; the Illinois Health Network likely would become a part of that not-for-profit entity. Hart is involved in discussions related to health information technology adoption and development of health information exchange networks.

Mary Ring, manager of the Illinois Health Network, has been involved in the promotion of telehealth/telemedicine technologies since the early 1990s. In her former role leading the Illinois Department of Public Health's Center for Rural Health, Ring organized multiple statewide, educational conferences devoted to telemedicine and successfully lobbied for and implemented a state-funded telemedicine grant program for small rural hospitals. The grant funds were first available in 2000 and enabled 22 small rural hospitals to purchase equipment and implement the connectivity necessary for telehealth/telemedicine services. Ring served on the advisory board of the first rural telemedicine project in the state. She also provided information and consultation to local public health agencies to increase their awareness of the Illinois Century Network and to seek USAC Rural Health Care Program subsidies when that program was initiated. Ring has 25+ years experience administering grant programs as both a grantor and a recipient. During her career, Ring has developed a strong knowledge base in nationwide health information technology adoption efforts and state-level health information exchange.

PROJECT MANAGEMENT PLAN

Leadership/Management Structure

All proposed IHA activities will be overseen by Ms. Merryweather, an IHA senior vice president and will be performed by existing staff members Todd Hart and Mary Ring. Both staff members report to Ms. Merryweather. IHA organization and corporate officers charts are included as Appendix A.

Staff activities will be refocused if this grant request is approved for funding. Objectives 1, 3, and 6 will receive new attention from Todd Hart. Objectives 2, 3, and 6 represent a new focus of responsibilities and dedicated attention from IHA staff member Mary Ring. Managerial responsibilities for all objectives will be assigned to Hart, including oversight of partners' activities related to their specific objectives. Partners will be asked to provide quarterly updates to IHA project staff

that describe their progress toward accomplishing their objectives. Partners are participating in this project as independent entities; there is no legal bond between them and the IHA. However, IHA, its members and the partners all share an interest in attaining the goal set forth in this proposal -- to promote the use of broadband telecommunications and other health information technologies to ensure access to the highest quality health care for Illinoisans.

Workplan/Schedule

Objective #1: Provide technical assistance to non-participating hospitals and health care providers to receive USAC support from either the Rural Health Care Corporation or the 85 percent subsidy offered through this pilot program.

> Work on this objective can begin immediately as existing IHA staff already knowledgeable of the program is responsible for the activities.

> Preparation and distribution of educational materials will be completed within the first
> two months of the project.

Objective #2: Provide central coordination for the development and expansion of telehealth and telemedicine services for hospitals statewide, with special attention given to the needs of rural hospitals and health care providers and their patients, by building on existing and developing new resources, especially at academic and research health centers.

> Work on this objective can begin immediately as existing IHA staff already knowledgeable of the program is responsible for the activities.

Objective #3: Provide central coordination for the development and expansion of telehealth and telemedicine services for critical access hospitals in Illinois.

> Upon notification of grant award to the IHA, the partner organization, the Illinois Critical
> Access Hospital Network, will initiate a recruitment process to identify a program developer and an information technology support staff member, both to be hired contractually. The network director reports the recruitment and selection process generally requires approximately 8 to 10 weeks. Thus, work on the objectives would begin within the first quarter of the project.

Objective #4: Support the expansion and refinement of regional networks among member hospitals and their health care partners for enhanced telehealth and information exchange capabilities.

This objective will be initiated upon notification of grant award as the partner organizations are ready to begin their efforts to identify consultants, a process that is expected to take two months or less. Any technical assistance from IHA staff will be available immediately.

Objective #5: Support increased coordination with existing and participate in the development of new telehealth and telemedicine and educational programs offered by video and other online technologies by medical and health profession professional schools at the University of Illinois at Rockford, Chicago, Champaign, and Peoria.

This objective will be initiated upon notification of grant award. Recruitment of a curriculum development specialist at the University of Illinois at Rockford is estimated to require approximately two months. Telecommunications enhancements can be initiated within the first quarter as technology staff support is already available within the university. Equipment purchases also can occur within the first quarter as desired selections have been identified.

Objective #6: Support expansion of programs and services offered by Southern Illinois University School of Medicine' telehealth program.

This objective can be initiated upon notification of grant award. Recruitment of staff support will require approximately 8 to 10 weeks. Equipment purchases for streaming video and the multipoint control unit upgrade likely will require 4 to 6 months evaluation and vendor review. The impact of activities in Objectives #2 and #3 also will determine the level of increased demand, especially related to the multipoint control unit upgrade. Increasing the Illinois Century Network connectivity will be dependent on the addition of the expanded multipoint connections and the implementation of streaming video.

Budget

The project budget is presented on the following two pages.

Budget

Budget Category	Funds			
	Total	Applicant	Partner	FCC

Obj. # 1: Provide technical assistance to non-participating hospitals and health care providers to receive USAC support
 	
   IHA Personnel: 0.3 FTE staff
 	
   Travel:
	In-kind
	
	In-kind
		-0-
		
		-0-
			-0-
			
			-0-
				-0-
				
				-0-

Obj. # 2: Provide central coordination for the development and expansion of telehealth/telemedicine services for rural hospitals
 	
   IHA Personnel: 1 FTE staff
 	
   Equipment:
 	
   Travel:
	$116,500
	
	$3,000
	
	$15,000
		$17,475
		
		$450
		
		$2,250
			-0-
			
			-0-
			
			-0-
				$99,025
				
				$2,550
				
				$12,750

Obj. #3: Provide central coordination for the development and expansion of telehealth/telemedicine services for critical access hospitals
 	
      Contractual: 1.0 FTE,
         Program support,
Illinois
         Critical Access
Hospital
         Network
 	
      0.5 FTE, Tech support,
         Illinois Critical
Access
         Hospital Network
 	
   Travel:
	$83,200
	
	$36,400
	
	$15,000
		-0-
		
		-0-
		
		-0-
			$12,480
			
			$5,460
			
			$2,250
				$70,720
				
				$30,940
				
				$12,750

Obj. # 4: Support the expansion and refinement of regional networks for enhanced telehealth and information exchange			
IHA Personnel: 0.2 FTE staff	$23,300	$3,495	-0-	$19,805
Contractual: Southern Illinois Healthcare	$100,000	-0-	$15,000	$85,000
Memorial Health System, Springfield	$100,000	-0-	$15,000	$85,000
Obj. # 5: Support increased coordination of existing and development of new telehealth/telemedicine offerings of University of Illinois at Rockford				
Contractual: 1) 0.5 FTE staff to develop telehealth curriculum for rural health care providers	$35,000	-0-	$5,250	$29,750
	$37,980	-0-	$5,697	$32,283
Equipment: 8 V700 systems and laptop for neurologist	$31,200	-0-	$4,680	$26,520
	$10,000	-0-	$1,500	$8,500
	$780	-0-	$117	$663
Telecommunications: 45 Mbs service from campus; DS3 installation; neurologist wireless	$7,500	-0-	$1,125	$6,375
Travel:				
Obj. # 6: Support expansion of programs and services offered				

by Southern Illinois University School of Medicine's telehealth program	$55,000	-0-	$8,250	$46,750
Contractual: Staff to support increased network capacity	$100,000	-0-	$15,000	$85,000
Equipment: 1) streaming video capability for education programs	$150,000	-0-	$22,500	$127,500
2) multipoint control unit upgrade	$10,000	-0-	$1,500	$8,500
Telecommunications: Increase ICN connectivity by 10MB to support increased applications	$15,000	-0-	$2,250	$12,750
Travel:				
TOTAL	$944,860	$23,670	$118,059	$803,131

Budget Justification

Objective 1: This objective will be implemented with the reassignment of existing IHA staff. The activity is self-limiting as the need for technical assistance and education diminishes as hospitals and other eligible participants learn of the USAC subsidies and institutionalize the request process into their annual business activities. IHA staff will be contributed to this activity at no charge to the grant.

Objectives 2: Each of two existing IHA staff (Hart and Ring) will be assigned on a half-time basis to the implementation activities associated with this objective. An equipment request is included to cover the cost of two laptop computers. Travel support is requested as multiple visits to hospitals statewide are expected and Illinois is nearly 500 miles from north to south. Travel funds will be used to enable staff to attend national education conferences related to telehealth and health information technology topics. IHA reimburses mileage using the IRS-approved rate and covers lodging and meals at reasonable costs.

Objective 3: The Illinois Critical Access Hospital Network plans to contract with its staff members that will be dedicated to this project. The travel request is based on the same assumptions used for the IHA estimates for Objective #2.

Objective 4: The IHA staff support expense results from the reassignment of existing staff. Contractual charges will be incurred by the two partner organizations and will be used for consultant fees.

Objective 5: All expenses associated with this objective will be incurred by the University of Illinois at Rockford. A part-time curriculum development specialist will be contracted. Equipment selections have been identified. Telecommunications upgrades will use local providers. Travel expenses are based on the standard IRS-approved mileage rates and State of Illinois travel reimbursement guidelines.

Objective 6: All expenses associated with this objective will be incurred by Southern Illinois University School of Medicine. Contractual support staff will be hired. Equipment funding requests are based on estimates only. The Illinois Century Network increase is based on the network's fee structure. Travel expenses are based on the standard IRS-approved mileage rates and State of Illinois travel reimbursement guidelines.

Funding requests from the applicant and each partner organization are as follows:

Partner	Total Expense	85% FCC Fund Request
IHA	$157,800	$134,130
Illinois Critical Access Hospital Network	$134,600	$114,410
Southern Illinois Healthcare	$100,000	$85,000
Memorial Health System	$100,000	$85,000
University of Illinois	$122,460	$104,091
Southern Illinois University	$330,000	$280,500

TELEMEDICINE COORDINATION

Proposed telehealth/telemedicine coordination activities are described in Objectives #2 and #3, pages 5 through 8.

PROJECT SUSTAINABILITY

Sustainability of the activities described in this proposal is very likely as the communications infrastructure already is in place and is itself sustained through a combination of user fees and state funding. (See the description of the Illinois Century Network on page 3.)   Additionally, there are multiple telehealth/telemedicine projects already underway in the state that have been functioning for several years and are self sustaining. The coordination of activities designed to expand and refine the abilities of those projects to better meet the needs of both health care providers and Illinois residents, rural and urban, will be accomplished with a combination of existing staff at both the IHA and its project partners and, in some instances, through the use of contractual staff by partners. With the expectation of at least two years of funding, the coordinating/development activities will be completed and the affected entities, whether IHA member hospitals or partners' constituents, will have had the opportunity to determine the value of the activities and appropriateness of on-going financial support. Inclusion of dedicated funding in future operating budgets of the IHA and any of its project partners likely would support activities that develop as a result of the successful accomplishment of this proposal's objectives.

COMMITMENT LETTERS

Each project partner has provided a letter of support and commitment to the project. These letters are sent as attached files.

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